Choices for Care Flexible Choices Referral Form

<u>Participant I</u>	<u>nformation</u>				
Name:	Last			Phone:	
			MI		
Address:	Street/RFD/Box	City/T	Town	State	Zip
Guardian/Su	rrogate Informatio	n			
□ Guardian	☐ Surrogate				
Name:	Last	E'	MI	Phone: _	
			MII		
Address:	Street/RFD/Box		Town	State	
□ Guardian	□ Surrogate				
Name:				Phone:	
	Last		MI		
Address:	Street/RFD/Box			State	
	Sireei/KFD/Dox	City/T	own	State	
Case Manage	ement				
Case Manager:			Agency:Name of Agency		
	Name			8 · ·) · <u> </u>	Name of Agency
Signature					
By signing th	is form, I am:				
Care a	and				Option within Choices for on in Choices for Care
with n		gement agency, A			he Vermont Department of
Participant or	Guardian/Surrogate	Signature:			
Please mail co	ompleted form to:	Transition II	D 1		

346 Shelburne Road

South Burlington, VT 05403